

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/08/91

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5	101					
6	101					
7	101					
8	101					
9	101					
10						
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51	1			1
52	1			1
53	1			1
54	1			1
55	1			1
56	1			1
57	1			1
58	1			1
59	1			1
60	1			1
61	1			1
62	1			1
63	1			1
64	1			1
65	1			1
66	1			1
67	1			1
68	1			1
69	1			1
70	1			1
71	1			1
72	1			1
73	1			1
74	1			1
75	1			1
76	1			1
77	1			1
78	1			1
79	1			1
80	1			1
81	1			1
82	1			1
83	1			1
84	1			1
85	1			1
86	1			1
87	1			1
88	1			1
89	1			1
90	1			1
91	3	1		1
92	1			1
93	1			1
94	1			1
95	1			1
96	1			1
97	1			1
98	1			1
99	1			1
100	1			1
TOTAL IND.	1			1
TOTAL DEP.	1			1
TOTAL CLAIMS	13			13